

Staff  
Student  
Faculty

# WESTERN OREGON UNIVERSITY

## OCCUPATIONAL INJURY

### SUPERVISOR REPORT FORM

- Must be completed by supervisor within 24-hours
- Must be completed for all injuries – regardless of extent
- Complete Workers' Compensation Claim Form 801 ONLY if injury involved doctor's treatment

#### I. ACCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cause: \_\_\_\_\_  
Was medical attention received? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
Where was medical attention received? \_\_\_\_\_  
Did employee leave prior to shift? Yes \_\_\_\_\_ No \_\_\_\_\_ Time: \_\_\_\_\_

#### II. WHO WAS INVOLVED?

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Injury: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Location of Injury: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Incident Reported Date & Time: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Previous on-the-job Injury? **If yes, when?** \_\_\_\_\_  
**WITNESS(ES):**  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
Statement: \_\_\_\_\_

#### III. WHERE DID THE ACCIDENT OCCUR?

Location of accident (building, room, etc., if outside, designate landmark): \_\_\_\_\_  
Exact description of equipment (layout, tools, etc.): \_\_\_\_\_

#### IV. ACCIDENT DETAILS

1. What were the environment and site conditions?
  - a. Lighting \_\_\_\_\_
  - b. Ventilation \_\_\_\_\_
  - c. Wind \_\_\_\_\_
  - d. Temperature \_\_\_\_\_
  - e. Terrain \_\_\_\_\_
  - f. Noise Level \_\_\_\_\_General Conditions \_\_\_\_\_
2. What type of clothing/footwear was worn? (Clothing that may affect mobility? Shoes with soft/hard soles, soles slick when wet, etc.)  
\_\_\_\_\_
3. Describe type & condition of working surface? (hard, soft, metal, concrete, metal, sharp, cluttered, slick, good, poor, etc)  
\_\_\_\_\_
4. What was the employee doing when the accident occurred?  
\_\_\_\_\_
5. Describe the accident in detail (attach additional pages if needed)  
\_\_\_\_\_

**V. CAUSE OF ACCIDENT?**

1. Was the employee trained & knowledgeable (documented) in the area where injury occurred? \_\_\_\_\_  
Explain: \_\_\_\_\_
2. Was the accident caused by another person (employee or other) or machine? \_\_\_\_\_  
Explain: \_\_\_\_\_
3. Was there an unsafe act or condition that existed? \_\_\_\_\_

**UNSAFE ACTS**

**UNSAFE CONDITIONS**

- |  |  |
|--|--|
| Operating without authority                  | Improperly guarded equipment or machines   |
| Failure to warn others                       | Defective tool or equipment  |
| Operating or working at unsafe speed         | Poor housekeeping  |
| Making safety devices inoperative            | Improper ventilation (dust, fumes, etc.)   |
| Failure to secure objects                    | Unsafe design or construction  |
| Using unsafe equipment or equipment unsafely | Slippery or other unsafe surface   |
| Unsafe loading, mixing, or carrying          | Inadequate warning systems   |
| Taking unsafe position or posture            | Hazardous storage or arrangement   |
| Working on moving or on dangerous equipment  | Hazardous dress or apparel   |
| Distracting, teasing, or startling           | Hazardous work procedures  |
| Failure to use personal protective devices   | Combative patient or injury to arresting /correction officer, etc.   |
| Failure to observe safety regulations        | Hazardous weather or environment   |
| Lack of training or knowledge                | Contact with poisonous plants, insects, toxic chemicals, skin irritants, bites, etc.   |
| Preventable vehicle accident                 |  |
| Slips and falls                              | Investigation reveals that the accident was beyond the control of injured employee (struck by uncontrolled vehicle, trapped by fire, etc.) |
| Failure to use provided handrails            |  |
| In a hurry                                   |  |
| Other  | Other  |

- |  |     |    |
|--|-----|----|
| 4. Is there a reason to question whether or not this is a job-related injury?  | Yes | No |
| 5. Was there a previous condition the employee had that may have contributed to the injury?                                | Yes | No |
| 6. Did the employee possess the proper skills in the function that resulted in the injury?                                 | Yes | No |
| 7. Prior to the accident, has the supervisor provided safety training related to the accident?                             | Yes | No |
| 8. Were safety practices posted or instructions provided relating to the accident?   | Yes | No |
| 9. Does your unit have a protective equipment policy or requirements?  | Yes | No |
| 10. What protective equipment was the injured employee wearing (hard hat, gloves, etc.)?                                   |     |    |
| 11. _____<br>In your opinion, what protective equipment or safety standards could have been used to prevent this accident? |     |    |

**VI. PREVENTION**

1. Was this accident preventable?    Yes                  No  
Explain: \_\_\_\_\_
2. If this was a slip, fall, reaching or similar accident, did the employee use provided handrails, safety shoes, or other safety devices that were available and would have prevented or avoided the accident?    Yes    No  
Explain: \_\_\_\_\_
3. How can a similar accident be prevented? \_\_\_\_\_
4. Corrective actions to be done: (Who will initiate it and what will be done?) \_\_\_\_\_

**REPORT PREPARED BY:**

_____ Supervisor's Name	_____ Title
_____ Department	_____ Phone #
	_____ Date